SEE TO SUCCEED STUDENT LOG															
Form to be completed in it's entirety by appointed school official															
School Name: School ID: School Address: School District: Date of Mission:			School Principal: Contact Person/Title: Contact Phone #: tact Person Email Address: (Completed by HHD Staff):								**NEW** for the 2021 - 2022 school year: Utilize the See to Succeed Immunization Questionnaire in the Student Consent Form packet to answer the 3 questions below about each				
Student Information - ALL FIELDS MANDATORY													student .		
Last Name	First Name	Student ID	Date of Birth	Age (must be 6+ YRS to participate)	Special Needs	Race	Sex	Dilation	Photos	Failed Previous Vision Screening?	Insurance Type	Student up-do- date on ROUTINE vaccines?	COVID-19 vaccine eligible? (12+ years)	Parent/Guardian indicated interest in COVID-19 vaccine?	

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